

Fig. 1(Prior Art)

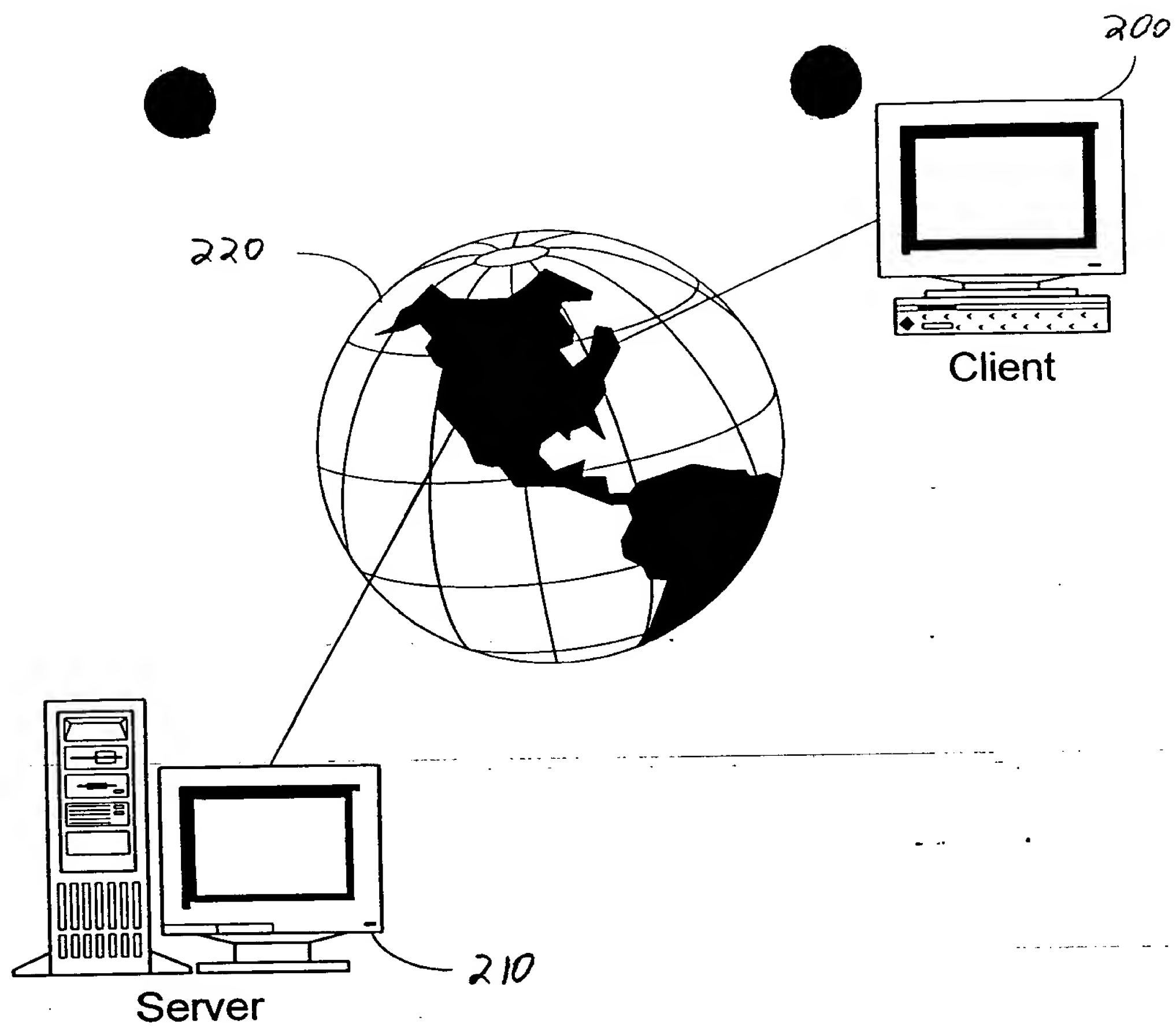


Fig. 2A

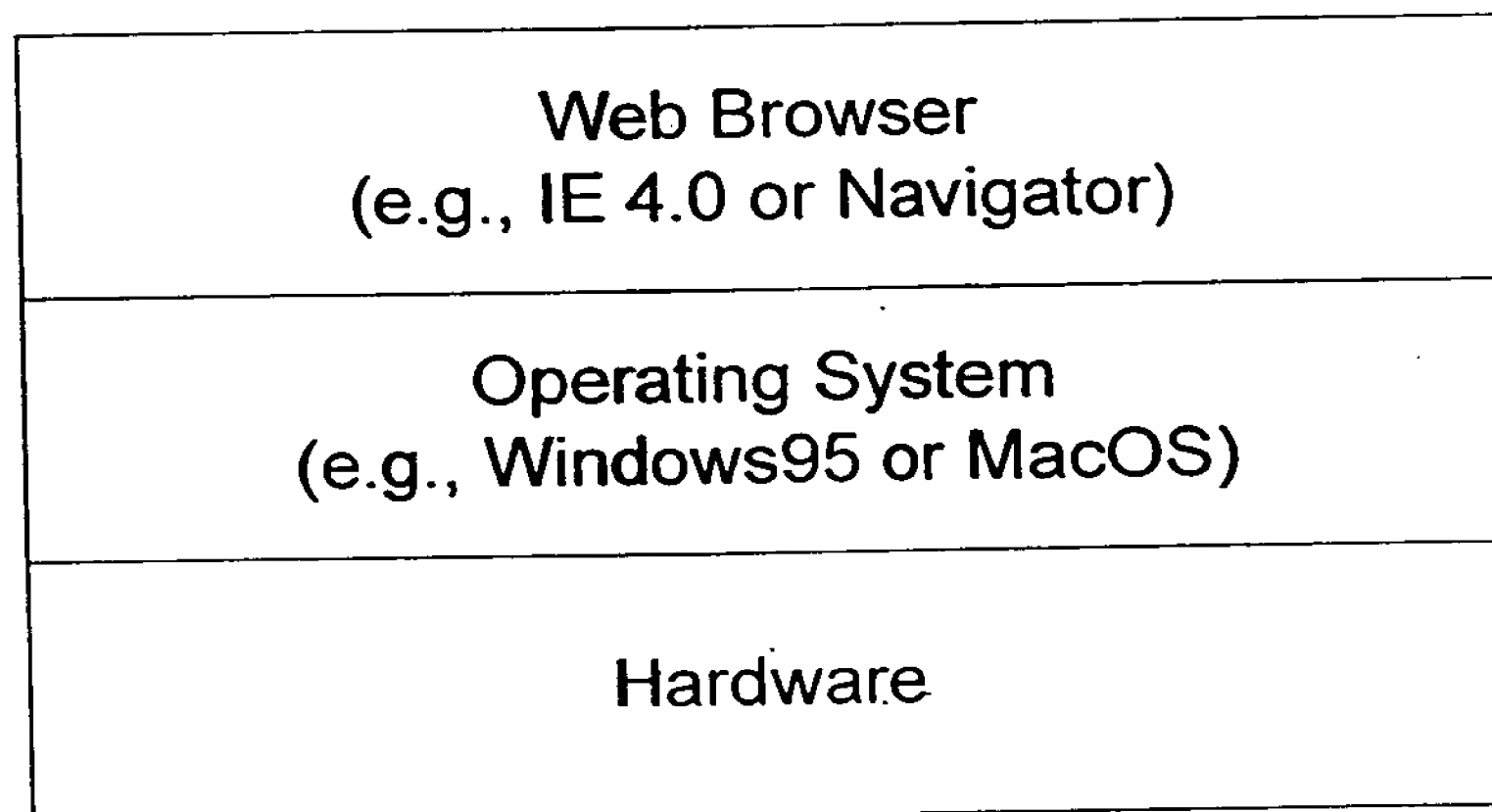


Fig. 2B

# Process Starts

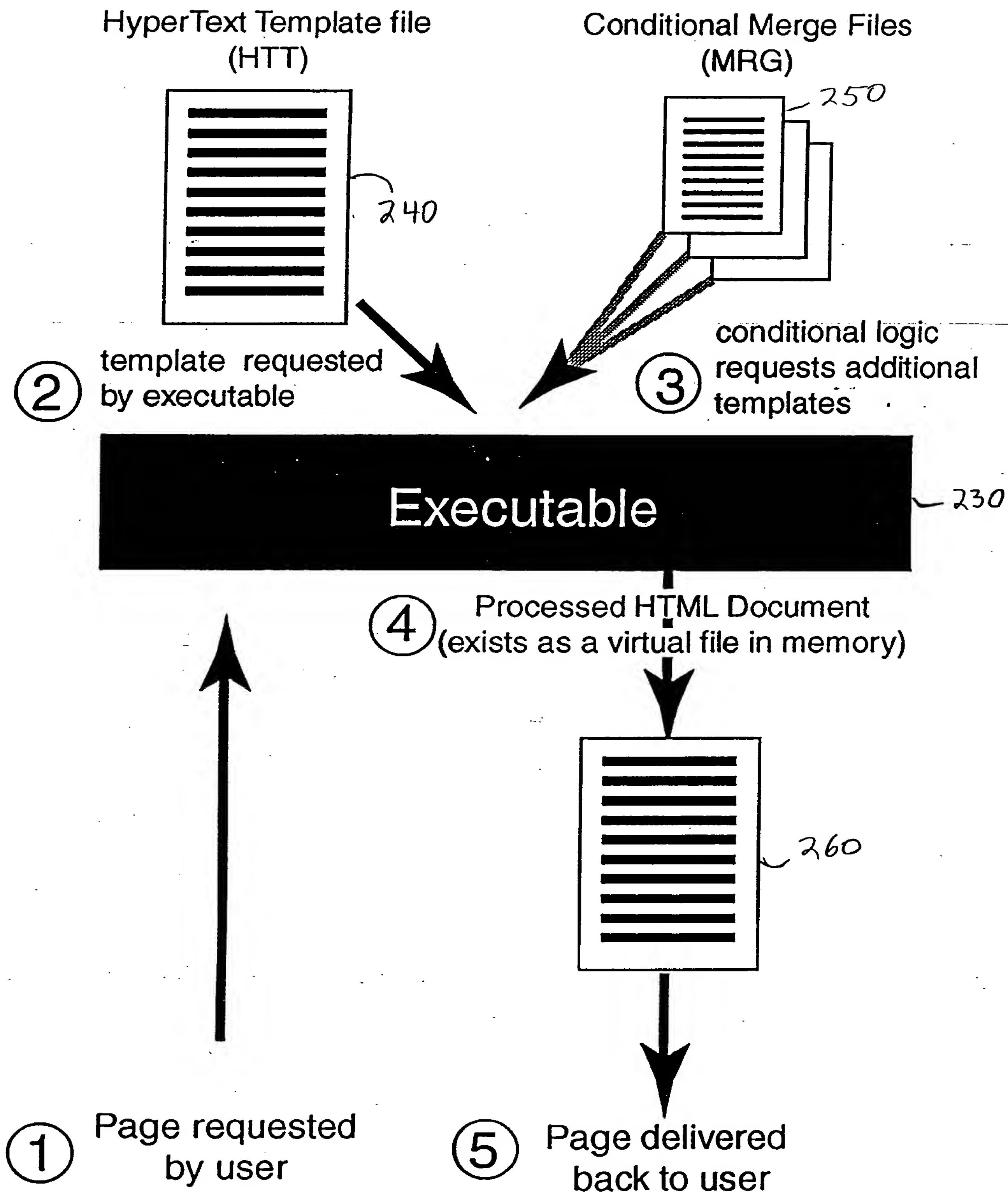


FIG. 2C

# Process Repeats

HyperText Template file  
(HTT)

Conditional Merge Files  
(MRG)

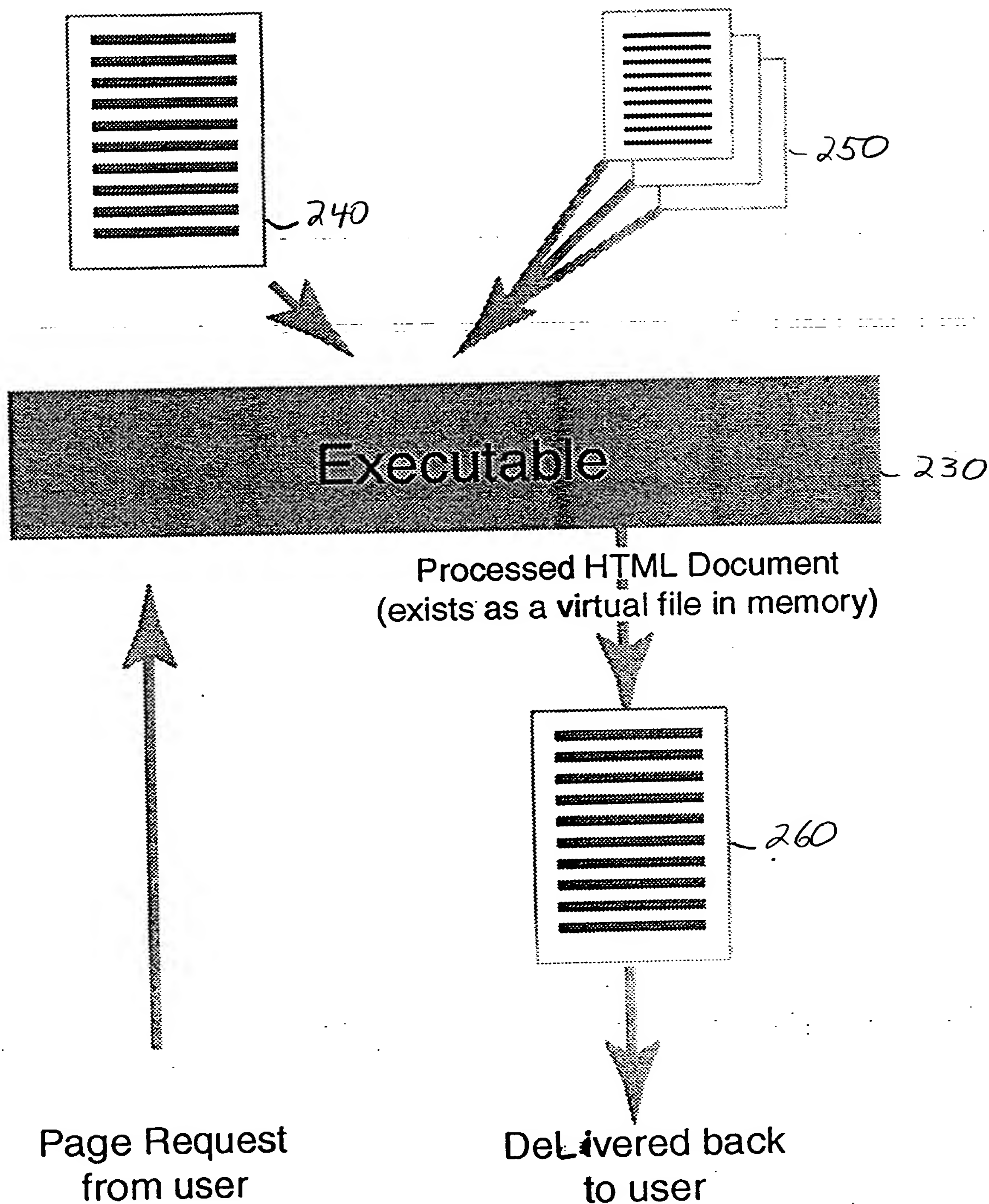
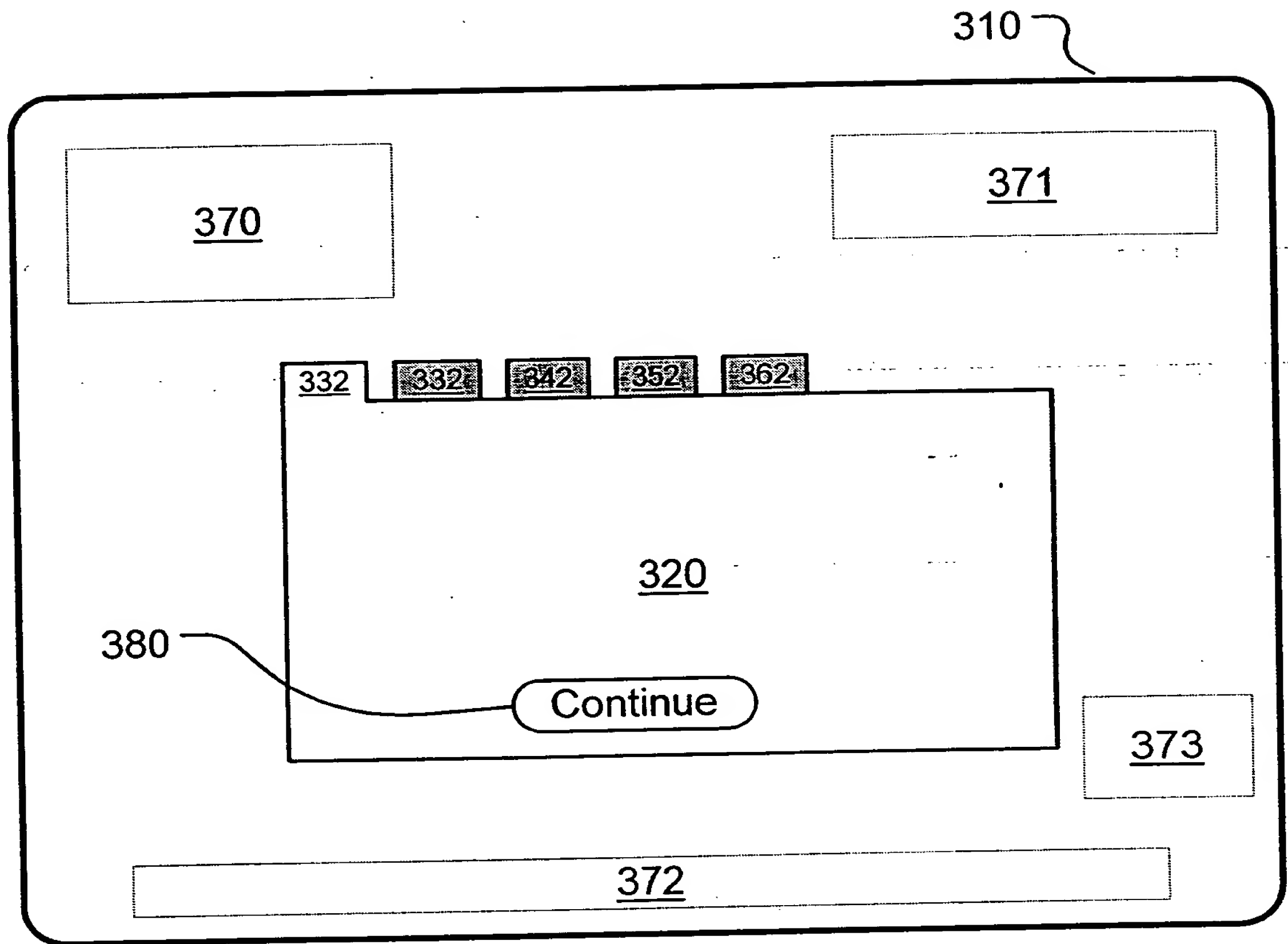


FIG. 2D

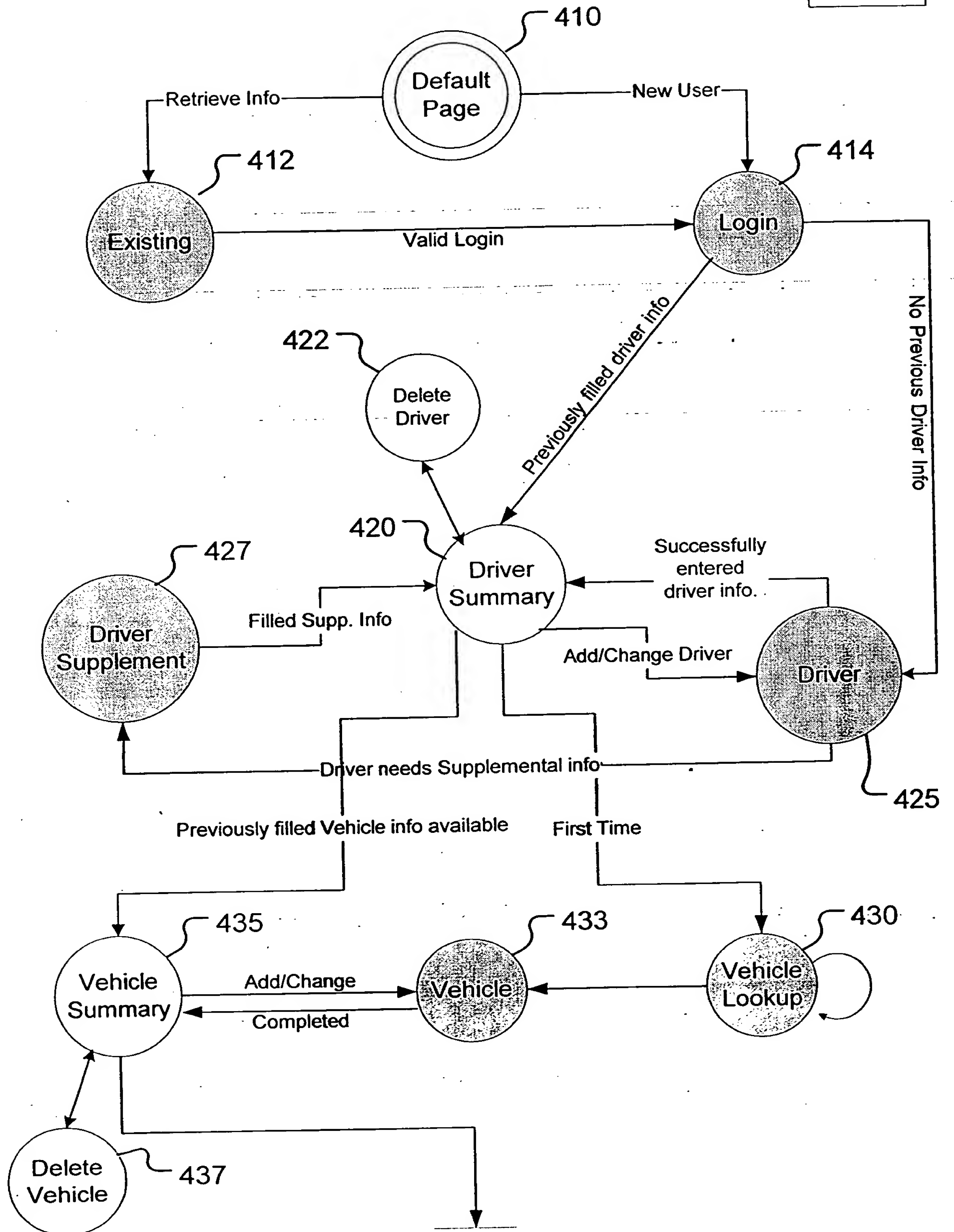
**Fig. 3**



# Fig. 4A

Fig 4A

Fig 4B



# Fig. 4B

Fig 4A

Fig 4B

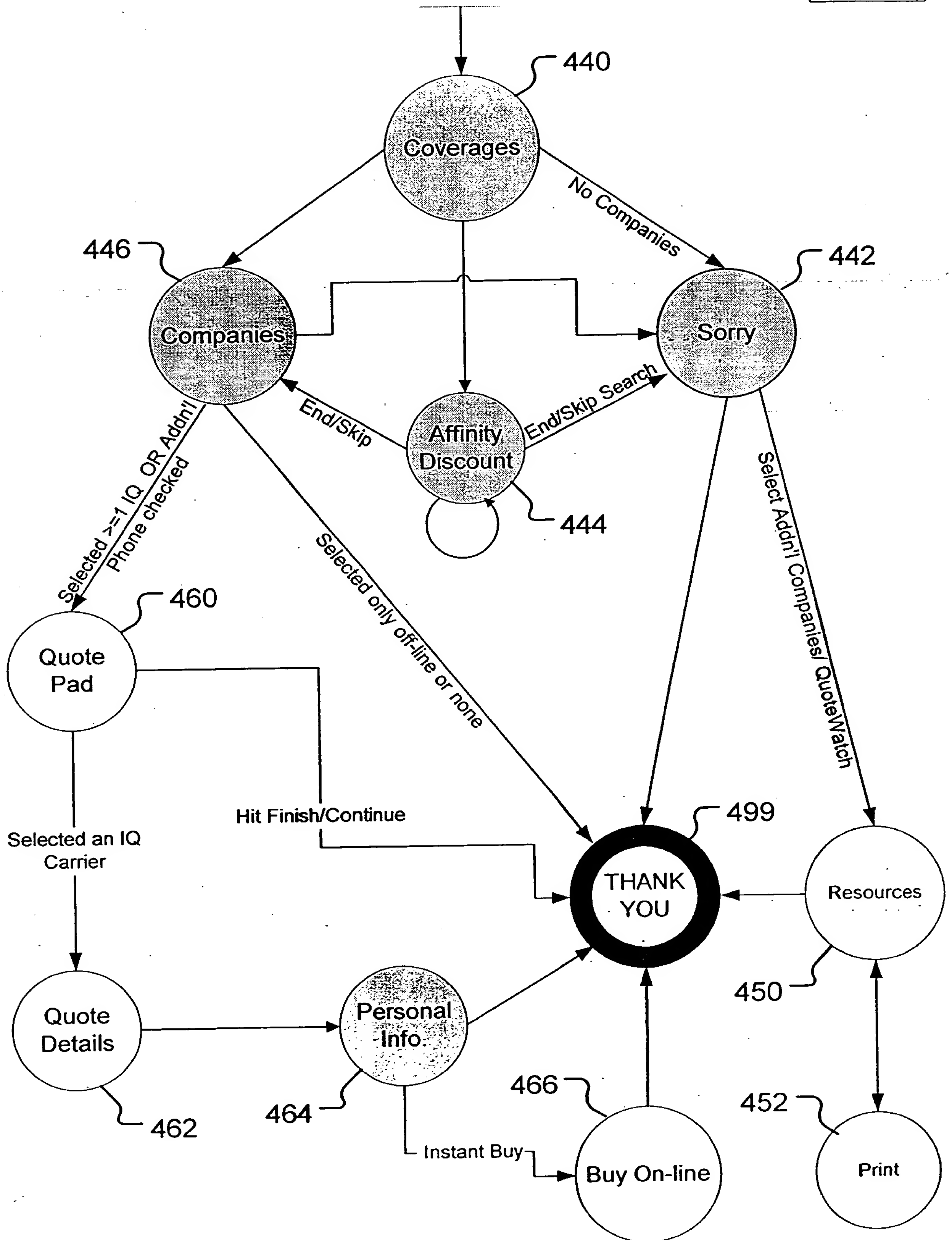




Fig. 5

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522

532 542 552 562 572 582 592

**Auto Insurance**

Start State Drivers Vehicles Usage Discounts Coverage Quotes

**Returning to InsWeb**

I have already saved information to my InsWeb Account

**New to InsWeb**

I am new to InsWeb and I want to get quotes

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To begin, click on a button to the left.


**Faster, Smarter, Easier**

InsWeb is a free online service that makes it easy for you to shop for and compare quotes from many of the nation's leading insurance companies.

One of the "50 Most Incredibly Useful Sites" Yahoo! Internet Life

Ranked #1 Online Insurance Marketplace by the Lafferty Group

**#1** Online Insurance Marketplace



\*No purchase necessary. Click here for Sweepstakes Details, Rules and Eligibility.

E-mail our Customer Care Dept.

- Simplify your Insurance Shopping  
Fill out one form, one time.
- Compare Free Insurance Quotes  
Discover how much you could save!
- Connect with Leading Companies  
Choose the quote that is right for you.

Note:

- We currently offer quotes for private passenger autos and trucks only (no motorhomes or commercial autos).
- We also offer motorcycle insurance.
- Canadian user? [Click here](#)

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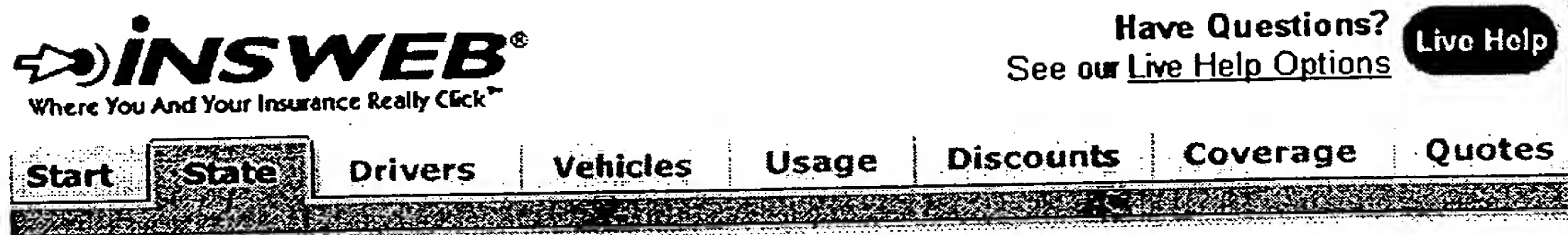
reviewed by **TRUSTe** site privacy statement

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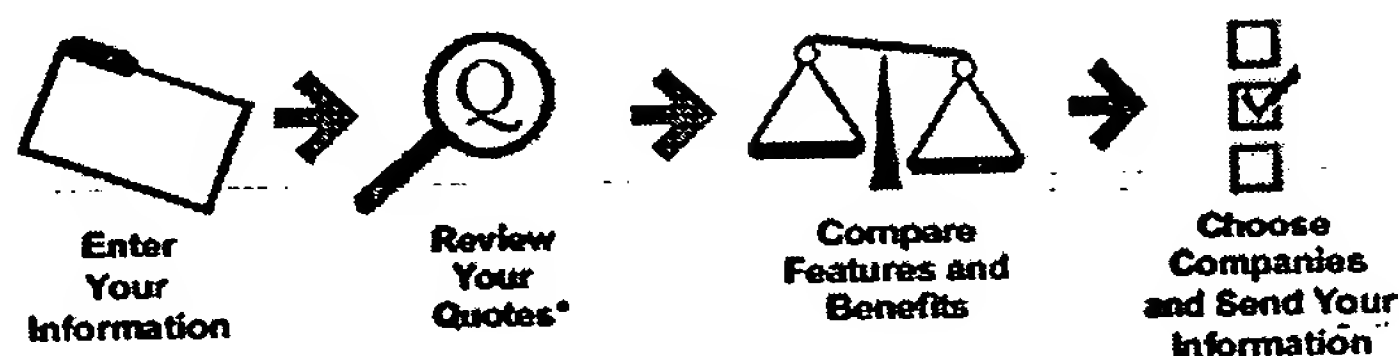
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Fig. 6



To shop for quotes, take 15-20 minutes to:



**Note:**

- Your current policy and vehicle registration can help you complete the process more quickly.
- We will prefill some answers using our own data sources or with information you've previously entered. You can change this information at any time.

To begin, answer the question below:

In which state would you like to insure your vehicle?

Check here to save your information ☐

**Continue**

\* Your personal information and the number of participating quoting companies in your state will determine how many quotes you receive.


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Fig. 7



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### Driver #1 Info

Tip: Click on  for question-specific help.

#### Personal Information

First Name:

Date of Birth:

Gender: ☒ M ☐ F

Marital Status: ☒ Married ☐ Single ☐ Divorced ☐ Widowed

If Married or Separated,  
 is your spouse a licensed driver? ☐ Yes ☒ No

#### Residence Information

Residence State: ☒ California ☐ Other

Do You Currently Rent or own your residence?  
☒ Rent ☐ Own

Which residence type best describes your home?  
☒ Single Family Home ☐ Condo ☐ Mobile Home ☐ Other

How long have you lived at your current residence?  
 (if less than a month, enter one month)  
 Yrs.  Mos.

How long did you live at your previous residence?  
 Yrs.  Mos.

#### Occupation Information

What is your occupation?  
 (if retired, select previous occupation)  
☒ Engineer ☐ Other

Are you retired?  
☐ Yes ☒ No

How many years have you been in your present occupation or  
 been retired?

Have you ever been in the active military service?  
☐ Yes ☒ No

Are you a graduate of an accredited 2 or 4 yr. college or  
 technical program?  
☐ Yes ☒ No

#### Driving History

How old were you, in years and months, when you first  
 received your U.S. license?  
 Yrs.  Mos.

In which state are you licensed to drive?  
☒ California ☐ Other

(if you have an international license, select "International  
 License Only")

Have you completed a defensive driver course in the last 3  
 years?  
☒ No ☐ Yes

In the last 5 years, has your license been  
 suspended/revoked?  
☐ Yes ☒ No

Do you need to file a financial responsibility form (SR-22)?  
☐ Yes ☒ No

Have you been cited for any violations or involved in any  
 accidents, regardless of fault, in the last 5 years, or  
 experienced any losses in the last 5 years?  
☐ Yes ☒ No

Note: Driving records are verified with the state's Department of Motor Vehicles.

#### Household Information

How many people living in your household will not be listed as drivers on your  
 policy?  
 (maximum of 9 household members)

Have you filed for bankruptcy, had any lawsuits or judgments against you, or  
 had adverse credit in the last 5 years?  
☐ Yes ☒ No

Have you or any member of your household been convicted of a  
 misdemeanor in the last 5 years, or a felony in the last 10 years?  
☐ Yes ☒ No

How many times has the primary wage earner of your household changed  
 careers in the last 5 years?

What best describes the annual income of the highest wage earner in your  
 household?

Check here to save your information ☐

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Fig. 8

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Start State **Drivers** Vehicles Usage Discounts Coverage Quotes

**Driver #2 Info**

Tip: Click on for question-specific help.

Personal Information

|                 |  |    |      |
|-----------------|--|----|------|
| First Name:     | Jamie  |    |      |
| Date of Birth:  | MM   | DD | YYYY |
|                 | 1  | 10 | 1960 |
| Gender:         | <input type="radio"/> M <input checked="" type="radio"/> F |    |      |
| Marital Status: | Married  |    |      |

Residence Information

|                  |            |
|------------------|------------|
| Residence State: | California |
|------------------|------------|

Occupation Information

|  |   |
|--|---|
| What is Driver's occupation?<br>(if retired, select previous occupation)       | Engineer  |
| Is Driver retired?   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| How many years has Driver been in their present occupation or been retired?    | 5   |
| Has Driver ever been in the active military service?                           | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Is Driver a graduate of an accredited 2 or 4 yr. college or technical program? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Driving History

|   |   |
|---|---|
| How old was Driver, in years and months, when they first received their U.S. license?   | 18 Yrs. 5 Mos.  |
| In which state is Driver licensed to drive?<br>(if Driver has an international license, select "International License Only")                                    | California  |
| Has Driver completed a defensive driver course in the last 3 years?   | No  |
| In the last 5 years, has Driver's license been suspended/revoked?   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Does Driver need to file a financial responsibility form (SR-22)?   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Has Driver been cited for any violations or involved in any accidents, regardless of fault, in the last 5 years, or experienced any losses in the last 5 years? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Note: Driving records are verified with the state's Department of Motor Vehicles.

Household Information


|   |   |
|---|---|
| What is Driver's relation to you?       | Spouse  |
| Is Driver a resident of your household? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Check here to save your information ☐

[Continue](#)

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Fig. 9



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**Live Help**

Start | State | **Drivers** | Vehicles | Usage | Discounts | Coverage | Quotes

Driver Summary

| No. | Name  | Date of Birth | Relationship | Licensed State | Residence State | Change                 | Delete                 |
|-----|-------|---------------|--------------|----------------|-----------------|------------------------|------------------------|
| 1   | Steve | 11/16/1958    | Self         | CA             | CA              | <a href="#">Change</a> | (required)             |
| 2   | Jamie | 01/10/1960    | Spouse       | CA             | CA              | <a href="#">Change</a> | <a href="#">Delete</a> |

**Add Another Driver**

Add any additional licensed drivers living in household

[Add](#)

Check here to save your information ☐

[Continue](#)

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Fig. 10



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**Vehicle #1 Info**

**Vehicle Information**

1989 Toyota, Long Bed Deluxe 4WD

[Change](#)

**Purchase and Finance Information**

Date purchased/leased:

MM / YYYY  
03 / 1992

Cost new (approximate):

\$17800.00

Term length if financed or leased:

N/A - wholly owned: ☒

**Registration Information**

Registered to:

Self

Registered state:

California

City where parked overnight (must be in CA):

San Jose

Zip Code where parked overnight (must be valid for City):

95131

Garage type:

Full Garage

**Special Vehicle Considerations**

Manufactured for use outside US; Considered a classic,  
Custom equipment modifications; Extensive unrepaired damage,  
Has vehicle ever been stolen:

☐ Yes ☒ No

**Special Equipment**

Canopy/Camper Tops; Custom Painting; Special Wheels/Rims;  
Stereo equipment over \$350; Custom Body Work;  
Van Modifications; Winch

☐ Yes ☒ No

**Additional Equipment**

Security System:

Alarm Only

4 wheel drive:

☒ Yes ☐ No

Anti-lock brakes:

All-wheel Anti-Lock

Automatic seat belts:

☒ Yes ☐ No

Airbags:

Driver's and Passenger's Side Only

Check here to save your information ☐

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Fig. 11



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**Start** | **State** | **Drivers** | **Vehicles** | **Usage** | **Coverage** | **Discounts** | **Quotes**

**Vehicle Summary**

HELP

| No. | Year | Make  | Model      | Change                 | Delete                 |
|-----|------|-------|------------|------------------------|------------------------|
| 1   | 1999 | ACURA | INTEGRA GS | <a href="#">Change</a> | <a href="#">Delete</a> |

**Add Another Vehicle**

[Add](#)

Check here to save your information ☐

[Continue](#)

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Fig. 12



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Start | State | Drivers | Vehicles | **Usage** | Discounts | Coverage | Quotes

**Vehicle Usage**

**Driver/Vehicle Usage Table**

Please select the percentage of time each vehicle is driven by each listed driver.

| No.           | Driver | Vehicle #1<br>1989 Toyota               | Vehicle #2<br>1992 Toyota               |
|---------------|--------|---|---|
| 1             | Steve  | 0 <input checked="" type="checkbox"/> % | 0 <input checked="" type="checkbox"/> % |
| 2             | Jamie  | 0 <input checked="" type="checkbox"/> % | 0 <input checked="" type="checkbox"/> % |
| <b>Total:</b> |        | <b>100%</b>                             | <b>100%</b>                             |

**Vehicle #1: 1989 Toyota Long Bed Deluxe 4WD**

**HELP** How many miles is the vehicle driven annually?  miles

**HELP** What is the vehicle *primarily* used for? ☒ Commute

If **Commute** is selected above, please answer the following two questions.

**HELP** How many miles is the vehicle driven during one-way commute?  miles (one way)

**HELP** How many days per week is the vehicle used for commuting?  days/week

**HELP** Is the **1989 Toyota** used for delivery, hire, public livery, commercial registration, or as an emergency vehicle? ☐ Yes ☒ No

**Vehicle #2: 1992 Toyota Corolla Deluxe 4WD**

**HELP** How many miles is the vehicle driven annually?  miles

**HELP** What is the vehicle *primarily* used for? ☒ Commute

If **Commute** is selected above, please answer the following two questions.

**HELP** How many miles is the vehicle driven during one-way commute?

**HELP** How many days per week is the vehicle used for commuting?  days/week

**HELP** Is the **1992 Toyota** used for delivery, hire, public livery, commercial registration, or as an emergency vehicle? ☐ Yes ☒ No

Check here to save your information ☐

[Continue](#)



Fig. 13



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|                         |       |         |          |       |           |          |        |
|-------------------------|-------|---------|----------|-------|-----------|----------|--------|
| Start                   | State | Drivers | Vehicles | Usage | Discounts | Coverage | Quotes |
| Vehicle Usage Continued |       |         |          |       |           |          |        |

|                              |   |
|------------------------------|---|
| Is the 1989 Toyota Used For: |   |
| Delivery:                    | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Hire:                        | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Public Livery:               | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Commercial Registration:     | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Emergency Vehicle:           | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Check here to save your information ☐

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Fig. 14



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[Start](#) | [State](#) | [Drivers](#) | [Vehicles](#) | [Usage](#) | [Discounts](#) | [Coverage](#) | [Quotes](#)

**Additional Discount Info**

**Membership Groups**

Your membership in various groups may qualify you for a discount. The amount and number of discounts that will be applied varies by company. Based on your state, the following groups may offer discounts. Please check all you are currently a member of.

**Banks, Credit Unions, Credit Cards (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Credit Union for Public Employee Group | <input type="checkbox"/> POL/TEL Federal Credit Union    |
| <input type="checkbox"/> Federal Express Credit Association     | <input type="checkbox"/> Retirees Payroll Deduction      |
| <input type="checkbox"/> GENTELCO Federal Credit Union          | <input type="checkbox"/> Tri-Gentel Federal Credit Union |

**City, County, State (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> AAA                                      | <input type="checkbox"/> Ruralite Affiliate              |
| <input type="checkbox"/> Harvest States Cooperative               | <input type="checkbox"/> Tri-Gentel Federal Credit Union |
| <input type="checkbox"/> Inter-mountain Farmers Association (IFA) |  |

**Educational Institutions (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> AAA                                      | <input type="checkbox"/> Ruralite Affiliate              |
| <input type="checkbox"/> Harvest States Cooperative               | <input type="checkbox"/> Tri-Gentel Federal Credit Union |
| <input type="checkbox"/> Inter-mountain Farmers Association (IFA) |  |

**Employer Groups (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> California Federation of Teachers | <input type="checkbox"/> Pacific Telecom               |
| <input type="checkbox"/> Farmland Affiliates Employee      | <input type="checkbox"/> Public Utilities Employee     |
| <input type="checkbox"/> Farmland Industries Employee      | <input type="checkbox"/> Retirees Payroll Deduction    |
| <input type="checkbox"/> Federal Government Employee       | <input type="checkbox"/> Widow/Retired Public Employee |
| <input type="checkbox"/> Nationwide Enterprise Employee    |  |

**Professional Associations (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> AAA                                      | <input type="checkbox"/> Ruralite Affiliate              |
| <input type="checkbox"/> Harvest States Cooperative               | <input type="checkbox"/> Tri-Gentel Federal Credit Union |
| <input type="checkbox"/> Inter-mountain Farmers Association (IFA) |  |

**Other (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> AAA                                      | <input type="checkbox"/> Ruralite Affiliate              |
| <input type="checkbox"/> Harvest States Cooperative               | <input type="checkbox"/> Tri-Gentel Federal Credit Union |
| <input type="checkbox"/> Inter-mountain Farmers Association (IFA) |  |

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**Start** | **State** | **Drivers** | **Vehicles** | **Usage** | **Coverage** | **Discounts** | **Quotes**

**Desired Coverage**

To make your coverage selection easier, use CoverageAssist<sup>SM</sup> below. It will automatically fill in coverage amounts, based on the level that you select and the state you live in.



Hang in there. You're close to completing the quote form. Keep this Mercedes SUV in mind. It could be yours!

**CoverageAssist<sup>SM</sup>**

Desired Coverage Level:

Note: If you desire a different amount than what is prefilled in any coverage, you can change the amount below.

| Coverage |  |
|----------|--|
|          | Bodily Injury Liability: <input type="text" value="Select..."/>  |
|          | Property Damage Liability: <input type="text" value="Select..."/>  |
|          | Medical Payments: <input type="text" value="Select..."/>   |
|          | Uninsured and Underinsured Motorist Bodily Injury: <input type="text" value="Select..."/><br>(cannot be higher than Bodily Injury Liability requested above)                   |
|          | Uninsured Motorist Property Damage Liability: <input type="text" value="Select..."/><br>(available only if Uninsured and Underinsured Motorist Bodily Injury is also selected) |

| Vehicle #1: 1999 ACURA |  |
|------------------------|--|
|                        | Comprehensive Deductible: <input type="text" value="Select..."/>   |
|                        | Collision Deductible: <input type="text" value="Select..."/><br>(Comprehensive Coverage is required for Collision Coverage)                |
|                        | Rental Reimbursement: <input type="text" value="Select..."/>   |
|                        | Waiver of Collision Deductible: <input type="text" value="Select..."/><br>(applies if you have an insured vehicle with Collision coverage) |
|                        | Towing & Labor: <input type="text" value="Select..."/>   |
|                        | CB Radio: <input type="text" value="Select..."/>   |

**Coverage Start Date**

Choose a desired effective date for this policy: (must be today's date or later)

| MM | DD | YYYY |
|----|----|------|
| 03 | 21 | 2000 |

Note: Coverage is not effective until you receive confirmation from the insurance carrier selected on the Quote Pad.










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**Start** | **State** | **Drivers** | **Vehicles** | **Usage** | **Coverage** | **Discounts** | **Quote**

**Quoting Companies** - These companies are prepared to offer you quotes. **HELP**

- Uncheck the box in the "Quote Me" column if you do not want a quote from a particular company.
- Select an agent from the drop-down box that may appear underneath a company to receive a quote.

| Click on logo for company details   |  | S&P<br>A.M. Best | Quote<br>Me                         | HELP |
|---|--|------------------|-------------------------------------|------|
|    | Auto Insurance Program<br>from The Hartford  | AAA+             | <input checked="" type="checkbox"/> |      |
|  | Travelers Insurance<br>A member of cigroup   | NR/A+            | <input checked="" type="checkbox"/> |      |
|  | CSE Insurance Group  | N/A/A-           | <input checked="" type="checkbox"/> |      |
|  | Nationwide<br>Insurance  | AAA+             | <input checked="" type="checkbox"/> |      |
|  | State Farm Insurance<br>Companies<br><small>Like a good neighbor, State Farm is there.</small> | AAA/A++          | <input checked="" type="checkbox"/> |      |

Select an agent from the list below to receive a quote from State Farm:

Select..











|  |         |                                     |
|--|---------|-------------------------------------|
|  | AA+     | <input checked="" type="checkbox"/> |
|  | AAA-    | <input checked="" type="checkbox"/> |
|   | AA      | <input checked="" type="checkbox"/> |
|  | N/A/A++ | <input checked="" type="checkbox"/> |
|   | A+/A    | <input checked="" type="checkbox"/> |
|  | Api/A+  | <input checked="" type="checkbox"/> |
|   | AA-     | <input checked="" type="checkbox"/> |
|   | AA+     | <input checked="" type="checkbox"/> |
|  | AA-     | <input checked="" type="checkbox"/> |

Fig. 17



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Coverage
Quotes

**Driver Summary**

**Attention!** indicates that data on this page is either missing, incorrect or requires update. Click on next to the entries below for detailed instructions.

| No. | Name  | Date of Birth | Relationship | Licensed State | Residence State | Change                 | Delete                 |
|-----|-------|---------------|--------------|----------------|-----------------|------------------------|------------------------|
| 1   | Steve | 11/16/1958    | Self         | CA             | CA              | <a href="#">Change</a> | (required)             |
| 2   | Jamie | 01/10/1960    | Spouse       | CA             | CA              | <a href="#">Change</a> | <a href="#">Delete</a> |

**Add Another Driver** [Add](#)

▶ Add any additional licensed drivers living in household

Check here to save your information ☐

[Continue](#)

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Fig. 18



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Start | State | Drivers | Vehicles | **Usage** | Discounts | Coverage | Quotes

**Vehicle Usage**

**Driver/Vehicle Usage Table**  
Please select the percentage of time each vehicle is driven by each listed driver.

|        | No. | Driver | Vehicle #1  | Vehicle #2  |
|--------|-----|--------|-------------|-------------|
|        |     |        | 1989 Toyota | 1992 Toyota |
| 1810   | 1   | Steve  | 70 %        | 0 %         |
| 1810   | 2   | Jamie  | 30 %        | 0 %         |
| Total: |     |        | 100%        | 100%        |

**Vehicle #1: 1989 Toyota Long Bed Deluxe 4WD**

How many miles is the vehicle driven annually?  miles

What is the vehicle *primarily* used for? ☒ Commute

If **Commute** is selected above, please answer the following two questions.

How many miles is the vehicle driven during one-way commute?  miles (one way)

How many days per week is the vehicle used for commuting?  days/week

Is the **1989 Toyota** used for delivery, hire, public livery, commercial registration, or as an emergency vehicle? ☐ Yes ☒ No

**Vehicle #2: 1992 Toyota Corolla Deluxe 4WD**

How many miles is the vehicle driven annually?  miles

What is the vehicle *primarily* used for? ☒ Commute

If **Commute** is selected above, please answer the following two questions.

How many miles is the vehicle driven during one-way commute?

How many days per week is the vehicle used for commuting?  days/week

Is the **1992 Toyota** used for delivery, hire, public livery, commercial registration, or as an emergency vehicle? ☐ Yes ☒ No

Check here to save your information ☐

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